Change in the OPS Business Process

The Office of Program Support (OPS) had a representative assigned to each contractor as a point of contact to answer questions, have monthly workgroup meetings, work on encounter issues, etc.

Effective September 1, 2008, the OPS changed the internal structure and interactions/communications with the contractors. The goal of these changes is to decrease response time, streamline communications, increase internal expertise, and increase accountability in an effort to better serve our contractors.

The OPS Representatives will no longer be assigned to a contractor nor act as the single point of contact for all the contractors' needs. The OPS Representatives will be structured into several teams. Each team will be focused on a specific set of duties and functions. The teams will be divided into specialties to include pends, testing, documentation, and deliverables.

Contractors will no longer contact the OPS Representatives directly. All communications from the contractors will need to be in email form and directed to the OPS email address: OPS@azdhs.gov. Once emails are received at this address they will be logged, tracked, and monitored. The email communication will be forwarded to the appropriate OPS team. Many of the communications sent out to the contractors from OPS will be sent through the OPS@azdhs.gov mail box, which ensures accountability of the sent communications as well.

There will no longer be monthly workgroup meetings with the contractors. OPS will request comments from contracts on monitored standards that fall short of the acceptable marks. All issues will be handled on an individual basis and need to be sent to the OPS email address: OPS@azdhs.gov.

Coding Q & A

Q Can case management be billed while providing transportation?

A Not if there is only one case manager in the vehicle. However, if there is more than one case manager in the vehicle, the case manager who is not operating the vehicle may bill for case management, if the service is being provided.

Q If, for example, a case manager spends 20 minutes providing case management (T1016) or counseling (H0004), is it appropriate to bill two units?

A No. Twenty minutes constitutes one unit of billing. The General Core Billing Limitations of the Covered Services Guide on page 24, number 10 states: *For services with billing units of 15 minutes, the first unit of service can be encountered/billed when one or more minutes are spent providing the service. To encounter/bill subsequent units of the service, the provider must spend at least one half of the billing unit for the subsequent units to been encountered/billed. If less than one half of the billing unit is spent providing the service, then only the initial unit of service can be encountered/billed.*

!! Edit Alerts !!

An Edit Alert is a faxed and/or e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure all Edit Alerts are communicated to all program participants in an accurate and reliable manner. Edit Alerts will be distributed when the information is first made available and again in the following monthly publication of Tidbits.

Implemented:

New/Changed Edit Alert

Tracking_Number: 130   Implemented: ☑

Reference Title Primary Language Mandatory - IMPLEMENTED

Notification Date: September 10, 2008

Expected Implementation Date: September 2, 2008
ADHS will provide 90 days notice when possible

Change Description:
(SSR 2647) ADHS plans to add an edit to ensure that a valid Primary Language code is submitted on every intake. Intakes submitted with no Primary Language code or an invalid Primary Language code will be rejected.

(SSR 2647) ADHS plans to add an edit to ensure that a valid Primary Language code is submitted on every intake. Intakes submitted with no Primary Language code or an invalid Primary Language code will be rejected.

New/Changed Edit Alert

Tracking_Number: 135   Implemented: ☑

Reference Title Open intakes without encounters - file data change - IMPLEMENTED

Notification Date: September 3, 2008

Expected Implementation Date: 9/9/08
ADHS will provide 90 days notice when possible

Change Description:
(SSR 2710) Currently the weekly file that is given to the RBHAs called:

open_intakes_without_encounters.rbhaxx.yyymmdd.txt

is a list of intakes that have had no encounters for 12 months. ADHS plans to change the file to list all intakes that have had no encounters for 210 days. This change matches the RBHA requirement for encounter submission.

(SSR 2710) Currently, the RBHAs are given a file weekly that is a list of intakes that have had no encounters for 12 months. This is changed to list all intakes that have no encounters for 210 days to match the requirement for encounter submissions.

Not Implemented:

New/Changed Edit Alert

Tracking_Number: 132   Implemented: ☐

Reference Title "F" and "H" Encounter Override Update - UPDATE

Notification Date: August 12, 2008

Expected Implementation Date: ASAP
ADHS will provide 90 days notice when possible

Change Description:
(SSR 2656) To meet AHCCCS requirements and requirements outlined in the ADHS Covered Behavioral Health Service Guide, ADHS plans to make the following changes to the encounter "F" override indicator:

- Eliminate accommodation revenue codes and H0018 and H0019 from the "F" override of the B5 billing limitations.

- The "F" override will bypass the B5 billing limitations for:

   T1019
   H2014
   H2014HQ
   S5110
   H0038
   H2017

when billed in conjunction with:

   S5109 HA
   S5109 HB
   S5109 HC

- Add a new override indicator of "H". This override indicator will bypass the B5 billing limitations for:

   H0038
   S5110

when billed in conjunction with Level I accommodation revenue codes.

- Level II and Level III (H0018 and H0019) encounters will be required to comply with all B5 billing limitations.

The use of the override process to allow these support services to be billed on the same day as foster care and Level I services as indicated above is not intended to be used as a default. The clinical rational for providing these additional services must be specifically documented in the Service Plan and Progress Note.

Please address any questions regarding these changes to the ADHS Policy Office.

(SSR 2656) To meet AHCCCS requirements and requirements outlined in the ADHS Behavioral Health Services Guide, ADHS plans on making changes to the encounter "F" override indicator. Please see Edit Alerts for specifics.

New/Changed Edit Alert

Tracking_Number: 136   Implemented: ☑

Reference Title T1019 Rate Change

Notification Date: September 15, 2008

Expected Implementation Date: October 1, 2008
ADHS will provide 90 days notice when possible

Change Description:
Effective October 1, 2008 the rate on procedure code T1019 will increase from $5.80 per unit to $6.15 per unit.

Effective October 1, 2008, the rate on procedure code T1019 will increase from $5.80 per unit to $6.15 per unit.

New/Changed Edit Alert

Tracking_Number: 137   Implemented: ☑

Reference Title   CRS - Revenue to ICD9 Procedure Code

Notification Date: September 18, 2008

Expected Implementation Date: August 28, 2008
ADHS will provide 90 days notice when possible

Change Description:

(SSR 2658)
Please be advised that the edit that generated the "Revenue Code 36x requires a surgical procedure" error has been set to soft.
Sites with encounters pended for this error may resubmit them.

(SSR 2658) Please be advised that the edit that generated the "Revenue Code 36X requires a surgical procedure" error has been set to soft. Sites with encounters pended for this error may resubmit them.

New/Changed Edit Alert

Tracking_Number: 138   Implemented: ☑

Reference Title   CRS - Revenue to Bill Type Code

Notification Date: September 18, 2008

Expected Implementation Date: August 18, 2008
ADHS will provide 90 days notice when possible

Change Description:

(SSR 2660)
Please be advised that the edit that generated the "Revenue Code xxx not valid for bill type xxx" error has been set to soft.
Sites with encounters pended for this error may resubmit them.

(SSR 2660) Please be advised that the edit that generated the "Revenue Code XXX not valid for bill type XXX" error has been set to soft. Sites with encounters pended for this error may resubmit them.

New/Changed Edit Alert

Tracking_Number: 139   Implemented: ☑

Reference Title   CRS CCI Edit

Notification Date: September 26, 2008

Expected Implementation Date: September 25, 2008
ADHS will provide 90 days notice when possible

Change Description:

(SSR 2556)
Please be advised that the edit that generated the "Procedure codes does not comply with Correct Coding Initiative (CCI)"
error for UB encounters has been set to soft. Sites with encounters pended for this error may resubmit them.

(SSR 2556) Please be advised that the edit that generated the "Procedure code does not comply with Correct Coding Initiative (CCI)" error for UB encounters has been set to soft. Sites with encounters pended for this error may resubmit them.

Welcome Arizona Physicians IPA (APIPA)

As of October 1, 2008, Arizona Physicians IPA (APIPA) became the single contractor to the state for Children's Rehabilitative Services (CRS). Throughout the implementation process many of us at the Arizona Department of Health Services (ADHS) had the pleasure of working very closely with APIPA. There were many long days and nights, but APIPA went live without a hitch.

OPS would like to congratulate APIPA on a successful implementation and would like everyone to welcome APIPA as the state contractor for CRS. ADHS is ready and excited to work with APIPA.

Correcting the Behavioral Health Category in the Demographic

On September 19, 2008, ADHS ran an ad hoc process to correct the Master Demographic records where the Behavioral Health Category (BHC) originally came in as an (M) "Adult, non-seriously mentally ill, with general mental health needs" and was changed to an (G) "Adult, non-seriously mentally ill, substance abuse, either alcohol or drug" when added to CIS.

During this correction process the CIS Add Date was accidentally updated and a transaction record that mirrors the master was created. The changing of the CIS ADD Date caused the records ADHS changed to appear as "add records" (A) in the T/RBHAs' download file.

On September 24, ADHS changed the CIS Add Date on the Demographic Master back to what it should be and deleted the irrelevant transaction records that were created.   The affected historical transaction records were also updated. The nightly download file reflected these transactions as "Change records" (C). A re-sync file for the Demographic Master and Historical Transactions were available by T/RBHA request.

ADHS/DBHS Administrative Review

Currently, ADHS/DBHS is in the middle of conducting the administrative review for the behavioral health contractors. Below is a schedule of remainder of the onsite visits.

CPSA 10/07/08-10/08/08
White Mountain 10/21/08-10/22/08
Gila River 11/04/08-11/05/08
Pascua Yaqui 11/18/08-11/19/08
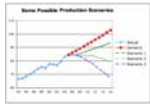
ADHS Encounter Production Schedule – Key Dates and Events

ADHS Encounter Production Schedule – Key Dates and Events

FTP Processing Activities Contractor Submission Deadlines:	October 2008	November 2008	December 2008
1. Deadline for New Day Encounter File Submission to ADHS - 12:00 P.M.	Fri 09/26/08	Fri 10/31/08	Fri 11/28/08
2. Deadline for corrected Pend Encounters	Mon 09/29/08 12:00 PM	Mon 11/03/08 12:00 PM	Mon 12/01/08 12:00 PM
3. New Day & Corrected Pends due to AHCCCS (12 noon)	Tue 09/30/08	Tue 11/04/08	Tue 12/02/08
AHCCCS Processing			
Files available from AHCCCS (5pm)	Fri 10/10/08	Fri 11/14/08	Fri 12/12/08
Pended & Adjudicated Encounters Available to Regional Contractors by 5:00 p.m.	Mon 10/13/08	Mon 11/17/08	Mon 12/15/08

Note: Any date change on the part of AHCCCS will result in a ADHS date change.

ADHS Encourages Electronic Claims

ADHS requests all ADHS contractors to encourage their providers to submit HIPAA-compliant 837 electronic claims. The benefits of electronic claim submissions include faster claims processing, and more cost efficiency than manual data entry.

DES Contact Number

For any changes in member enrollment (i.e., name changes, demographic changes) contact:

DES Communications Center
Maricopa County: (602) 542-9935
Statewide: (800) 352-8401

Security IDs for All DBHS Secure Systems

Any person needing access to the PMMIS system must submit the required paperwork and use the individual ID assigned from AHCCCS Data Security during the registration process. Under no circumstance should there be any "sharing" of user names and/or passwords. Currently there is no limit (within reason) on the number of users available to the sites; individual providers are not authorized access to PMMIS through the Division.

The Compliance Division, Contracts Development Office must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4762.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4670 or by e-mail at Stacy.Mobbs@azdhs.gov .

Office of Program Integrity

If you need assistance or to report an incident of suspected fraud, waste and/or abuse, please contact us at:

Tim Stanley	Chief	(602) 364-4781 stanleti@azdhs.gov
Bobby Rivera	Manager	(602) 364-4702 riveraro@azdhs.gov
Sandra Reyes	Investigative Analyst	(602) 364-4426 reyess@azdhs.gov
Stephanie Ortiz	Admin	(602) 364-4437 ortizs@azdhs.gov

If you wish to remain anonymous, you may make a report through our Fraud and Abuse Hotline at (602) 364-3758 (locally) or 1-866-569-4927 (toll free).

If you prefer, you may write to:

Tim Stanley, Chief, Bureau of Audit Standards
Arizona Department of Health Services
Office of the Deputy Director
150 N. 18th Avenue, Suite 280
Phoenix, Arizona 85007

Or Email us at:

ReportFraud@azdhs.gov

All reports are kept confidential and may be reported to other agencies.